

Best Available Copy

SHEEHAN
PHINNEY
BASS +
GREEN

PROFESSIONAL
ASSOCIATION



ATTORNEYS AT LAW

MANCHESTER
1000 ELM STREET
MANCHESTER, NH
03101
T 603 668-0300
F 603 627-8121

CONCORD
TWO EAGLE SQUARE
CONCORD, NH
03301
T 603 223-2020
F 603 224-8899

LEBANON
46 CENTERRA PARKWAY
LEBANON, NH
03766
T 603 643-9070
F 603 643-3679

BOSTON
ONE BOSTON PLACE
BOSTON, MA
02108
T 617 897-5600
F 617 439-9363

WWW.SHEEHAN.COM

Writer's Direct Dial: (603) 627-8134
Writer's Direct Fax: (603) 641-2353
pnieves@sheehan.com

May 9, 2006

VIA FACSIMILE ONLY AT 571-273-6500

United States Patent & Trademark Office
ATTN: REFUND BRANCH

Re: BOSTON ACOUSTICS, INC.
Title: THERMAL OVERLOAD AND RESONANT MOTION CONTROL
FOR AN AUDIO SPEAKER
Application: 09/392,019
Our Reference: 17224-6116

Dear Sir/Madam:

We kindly request a refund in the amount of \$330.00 to be credited to our Deposit Account. The summary of this refund is as follows:

A One-Month Extension of Time Request was due on Sunday, February 19, 2006. Monday, February 20th was Washington's Birthday, which is recognized as a Federal Holiday, and accordingly your offices were closed. We therefore forwarded the One-Month Extension of Time Request on February 21, 2006 via Express Mail (label EV 468743705 US).

On March 2, 2006, our Deposit Account #501304 was debited \$450.00 with an associated Fee Code of #1252, which we determine to be a Two-Month Extension of Time for a Large Entity. A copy of our Deposit Account Statement is also enclosed for reference.

We appreciate your attention to this matter. If you should you have any questions on the enclosed, please fee free to contact me.

Best regards,

SHEEHAN PHINNEY BASS + GREEN, P.A.

Peter A. Nieves, Esq.

Enclosures



**United States
Patent and
Trademark Office**

Require To:
USPTO
Home
Page
Finance
Online
Shopping
Page

Deposit Account Statement

Requested Statement Month: March 2006
Deposit Account Number: 501304
Name: SHEEHAN, PHINNEY, BASS & GREEN
Attention: PETER SWENSON
Address: 1000 ELM STREET
City: MANCHESTER
State: NH
Zip: 03105-3701
Country: UNITED STATES OF AMERICA

DATE	SEQ	POSTING REF TXT	ATTORNEY DOCKET NBR	FEE CODE	AMT	BAL
03/01	82	10660447	B0630.70034US00	1251		
03/01	164	0162010846	17224-6107	8014	\$120.00	\$7,659.00
03/01	165	0162010846	17224-6107	8023	\$25.00	\$7,634.00
03/02	1	09392019		1262	\$120.00	\$7,514.00
03/07	8	10743677	THERMO.1013	2801	\$450.00	\$7,064.00
03/07	9	10743677	THERMO.1013	2251	\$395.00	\$6,669.00
03/08	132	6449376	17224-6126	1551	\$60.00	\$6,609.00
					\$900.00	\$5,709.00
		START	SUM OF	SUM OF	END	
		BALANCE	CHARGES	REPLENISH	BALANCE	
		\$7,779.00	\$2,070.00	\$.00	\$5,709.00	

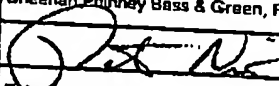
[Need Help?](#) | [USPTO Home Page](#) | [Finance Online Shopping Page](#)

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

Approved for use through 07/31/2008. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/392,019
	Filing Date	September 8, 1999
	First Named Inventor	David Cahill
	Art. Unit	2844
	Examiner Name	LEE, Ping
Total Number of Pages in This Submission	Attorney Docket Number	17224-6116

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Certificate of Express Mail; Post Card
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Sheehan, Phinney Bass & Green, PA	
Signature		
Printed name	Peter A. Nieves	
Date	2/21/06	
Reg. No.	48,173	

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:		
Signature		
Typed or printed name	Date	

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

I hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief.
 Approved for use through 07/31/2006. OMB 0651-0032
 U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Effective on 12/08/2004.
 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 120

Complete if Known

Application Number 09/392,019
 Filing Date September 8, 1999
 First Named Inventor David Cahill
 Examiner Name LEE, Ping
 Art Unit 2644
 Attorney Docket No. 17224-6116

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):

☒ Deposit Account Deposit Account Number 501304

Deposit Account Name: Shedden Phinney Foster Green

☒ Charge fee(s) indicated below

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17

☐ Charge fee(s) indicated below, except for the filing fee

☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims

• 20 or HP = Extra Claims Fee (\$)

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims • 3 or HP = Extra Claims Fee (\$)

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): One Month Extension of Time

SUBMITTED BY

Signature

Name (Print/Type) Rafael A. Nieves

Registration No. 48,173
 (Attorney/Agent)

Telephone 603-627-8134

Date 2/2/06

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.
 If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Under the paperwork Reduction Act of 1985, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Approved for use through 07/31/2008, OMB 0651-0031
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional)	
FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (P.L.R. 4816))		17224-6116	
Application Number 09/392,019		Filed September 8, 1999	
For THERMAL OVERLOAD AND RESONANT MOTION CONTROL FOR AN AUDIO SPEAKER		Examiner LEE, PING	
Art Unit 2844			

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	Fee	Small Entity Fee	
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ 120
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$

☐ Applicant claims small entity status. See 37 CFR 1.27.

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 501304. I have enclosed a duplicate copy of this sheet.

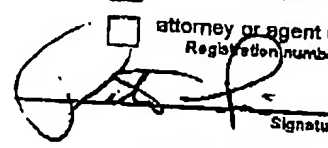
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

☒ attorney or agent of record. Registration Number 48,173

☐ attorney or agent under 37 CFR 1.34.
Registration number 2 acting under 37 CFR 1.34


Signature

Peter A. Nieves
Typed or printed name

2/21/06
Date

603-627-8134
Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 8 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

CERTIFICATE OF EXPRESS MAILING

"Express Mail" Mailing Label No.: EV 468743705 US

Date of Deposit: February 21, 2006

I hereby certify that this paper and the papers thereon are being deposited with the United States Postal Service "Express Mail Post Office to Address" service under 37 CFR 1.10 on the date indicated above and is addressed to Mail Stop AMENDMENT; Commissioner of Patents, P.O. Box 1450; Alexandria, VA 22313-1450

Signature of Person Mailing: 

Name of Person Mailing: Renée P. Granito

Our Docket No.: 17224-6116

Invention: Thermal Overload and Resonant Motion Control for an Audio Speaker

For: Response to Final Office Action

SHEEHAN
PHINNEY
BASS +
GREEN

PROFESSIONAL
ASSOCIATION



1000 ELM STREET
MANCHESTER, NH
03105-3701
603-668-0300
FAX 603-627-8121

143 MAIN STREET, SUITE 103
CONCORD, NH
03301-5089
603-223-2020
FAX 603-224-8899

126 DANIEL STREET
PORTSMOUTH, NH
03801-3856
603-433-2111
FAX 603-433-3126

WORLD WIDE WEB SITES:
www.sheehan.com
www.nhpatents.com

TOLL FREE:
1-800-625-SPBG(7724)

FACSIMILE TRANSMISSION

Please deliver this and any accompanying pages

TO: USPTO/ REFUND BRANCH
FAX #: 671-273-6600

FROM: PETER NIEVES, ESQ.
PHONE #: 603-627-8134
EMAIL: PNIEVES@SHEEHAN.COM

DATE: WEDNESDAY, MAY 10, 2006
PAGES: 8 (INCLUDING COVER SHEET)

COMMENTS / INSTRUCTIONS:

Dear Sir/Madam:

Attached is a Refund Request for Deposit Account#501304
along with corresponding papers as reference.

If you have any questions please feel free to call me or my assistant,
Megan Curtis at 603-627-8141.

Sincerely yours,
Peter

Intellectual Property & Technology Practice Group

THE MATERIALS ENCLOSED WITH THIS FACSIMILE TRANSMISSION ARE PRIVATE AND CONFIDENTIAL AND ARE THE
PROPERTY OF THE SENDER.

The information contained in the material is privileged and is intended only for the use of the individual(s) or
entity(ies) named as recipient(s). If you are not the intended recipient, be advised that any unauthorized
disclosure, copying, distribution or taking of any action in reliance on the contents of this telecopied
information is directly prohibited and may place you in violation of federal or state law. If you have received
this transmission in error, please notify me by telephone at (800) 625-7724 to arrange for return of forwarded
materials.

United States Patent and Trademark Office
- Sales Receipt -

03/02/2006 CDESSAU 00000001 501304 09392019

01 FC:1252 450.00 DA

Adjustment date: 05/25/2006 SDENBOB1
03/02/2006 CDESSAU 00000001 501304 09392019
01 FC:1252 450.00 CR

**This Page is Inserted by IFW Indexing and Scanning
Operations and is not part of the Official Record**

BEST AVAILABLE IMAGES

Defective images within this document are accurate representations of the original documents submitted by the applicant.

Defects in the images include but are not limited to the items checked:

- ☒ **BLACK BORDERS**
- ☐ **IMAGE CUT OFF AT TOP, BOTTOM OR SIDES**
- ☐ **FADED TEXT OR DRAWING**
- ☐ **BLURRED OR ILLEGIBLE TEXT OR DRAWING**
- ☐ **SKEWED/SLANTED IMAGES**
- ☐ **COLOR OR BLACK AND WHITE PHOTOGRAPHS**
- ☐ **GRAY SCALE DOCUMENTS**
- ☐ **LINES OR MARKS ON ORIGINAL DOCUMENT**
- ☐ **REFERENCE(S) OR EXHIBIT(S) SUBMITTED ARE POOR QUALITY**
- ☐ **OTHER:** _____

IMAGES ARE BEST AVAILABLE COPY.

As rescanning these documents will not correct the image problems checked, please do not report these problems to the IFW Image Problem Mailbox.